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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Repeat MRI of right shoulder with contrast

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a reported male with an injury date of xx/xx/xx. On 11/21/14, he was seen in clinic for complaints of right shoulder pain. He had pain with external rotation and reported being injured while at work. He denied paresthesias. On exam he had good passive and active range of motion and he had a negative Hawkins' test. He was tender to palpation about the acromion. Reflexes were symmetrical and motor and sensory exams were intact. The overall impression was status post right shoulder arthroscopy with shoulder sprain and strain. It was noted that he wanted to get another MRI of his shoulder to make sure that he was okay since he still experienced some pain with activities. An MRI was ordered.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 12/01/14, a determination letter was submitted noting that the medical necessity for the requested repeat MRI of the right shoulder had not been established. It was noted this patient was status post right shoulder arthroscopy with decompression, and distal clavicle resection on 01/23/14. The duration and extent of postoperative conservative treatment had not been discussed. A repeat MRI is not routinely recommended per guidelines and it should be reserved for a significant change in symptoms or findings suggestive of significant pathology. Therefore, the request was non-certified. A subsequent letter dated 12/31/14, confirmed the denial and noted there appeared to be quite a difference in the examinations documented on 11/21/14 and 12/09/14 by 2 different providers. Necessity of an MRI with contrast had not been established by the information provided and the request was non-certified.

The Official Disability Guidelines indicate that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The records submitted for review fail to indicate that the patient had sustained any new trauma and there is a discrepancy between the exam notes of 11/21/14 and 12/09/14. The 12/09/14 progress note indicates that the right shoulder is normal although there is tenderness and limited range of motion. The previous note noted the patient had good passive and active range of motion and was tender to palpation near the acromion. The records do not document significant findings or new trauma to warrant the need for a repeat MRI. It is the opinion of this reviewer that the request for a repeat MRI of the right shoulder with contrast is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)